

**Testimony in Opposition to House Bill No. 5326**  
**An Act Concerning Compassionate Aid in Dying for Terminally Ill Patients**  
**March 17, 2014**

Senator Gerratana, Representative Johnson and members of the Public Health Committee, I submit to you this testimony in strong opposition to House Bill No. 5326 An Act Concerning Compassionate Aid in Dying for Terminally Ill Patients. I am familiar with these issues as I have accumulated over 600 ethics consultations, mostly related to end-of-life care, as a Nurse/Bioethicist.

**My opposition is related to 1) the fact that physicians who would prescribe lethal doses of medications for the purpose of lethal ingestion would be in violation of the American Medical Association's (AMA) Code of Medical Ethics** that states – *"allowing physicians to participate in assisted suicide would cause more harm than good. Physician-assisted suicide is fundamentally incompatible with the physician's role as healer."* The authority to write these codes rests with the very profession for whom the code acknowledges.

Dr. Edmund Pellegrino who was one of the most referred international experts in medical ethics at Georgetown University and a former Chairman of the President's Commission on Bioethics, once stated - *"With today's advanced methods of pain relief and palliative care, assisted suicide is not necessary. When a patient asks for this desperate measure, it is a serious indictment of the physician's competence."* This bill attempts to rewrite the established moral code and permits physicians to be complicit in an act that will lead to a patient's death. The death of a person who ingests a lethal dose of medications is physiologically due to said ingestion; to suggest that physicians lie on a death certificate that the cause of such a death is the underlying terminal illness is clinically wrong and ought not be sanctioned as legal. This is a violation of medical education, medical ethics, medical science, and erodes the principle of veracity in medicine. Physicians ought to be outraged that our CT government endorses legalized lying and renounces medical professionalism.

The second opposition to this bill is **2) it is bad public health policy**. Oregon's 16-year history documents that only 0.2% of all deaths result from prescribed lethal ingestion

authorized by their Death with Dignity Act. A more utilitarian public health approach ought to focus on ways to improve end-of-life care for **ALL** our dying citizens, not just a very few. The Oregon data do not support spending public health funds on a program that targets an extraordinarily small set of well-educated, insured, Caucasian citizens especially when there are far more pressing public health issues that affect all races and ethnicities. In 2012, only TWO of the 77 who died were referred for formal psychiatric or psychological evaluation; an example of poor policy.

The third opposition is 3) **the bill claims its intention is to promote personal self determination or choice when CT citizens already have the choice to end their lives if such a life becomes unacceptable.** The tendency of supporters to euphemistically refer to this bill as providing a “choice” or Aid in Dying or Death with Dignity is a smoke screen of deception, dishonesty, and manipulation of those who may feel threatened that dying is always a painful process – only 28% of Oregonians who died from sanctioned overdoses cited pain as the reason for choosing death. The issue is not about choosing to die, that choice is currently an option, the issue is that supporters of this bill want physicians to help them to do it.

CT now has a *Palliative Care Task Force*; we do not need a bill that redefines centuries of medical ethics without any authority to do so, a bill that promotes taking one’s life, a bill that makes no provisions for improving one’s end-of-life other for all citizens other than extinguishing it, a bill that eschews the exceptional work of our dedicated palliative and hospice providers.

Most physicians were not present at the time of the lethal ingestion so using them only for their instrumental value to literally write a prescription is morally shameful. The terminally ill have the right to develop a death and dying plan with their physicians similar to how pregnant women develop birth plans with their obstetricians; the options are available with the right, competent palliative care providers.

If someone who is terminally ill really wants to end his/her life without exploring these options - he/she can do so but don’t ask a physician to lie and supply the means to that end.

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2013 (**AMA Code of Medical Ethics**, 2012-2013 ed, Opinion 2.211, p. 117).

**Journal of Medicine and Philosophy** (Vol. 26; No. 1; 2001, pp. 93-100).

**Final Death Data, Centers for Disease Control and Prevention.**

**New York Palliative Care Information Act** (2009, NY AB 7617).

**Hartford Courant**, Letter to the Editor. February 26, 2014.

The Hastings Center. **The Hastings Center Guidelines for Decisions on Life-sustaining Treatment and Care Near the End of Life**, 2<sup>nd</sup> Ed. Oxford University.